

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/214158

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | 1 | | | | |
| 7 | | 1 | | | | |
| 8 | | 1 | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | 1 | | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | 1 | | | | | |
| 16 | | 1 | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | 1 | | | | |
| 20 | 1 | | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | 1 | | | | | |
| 24 | | 1 | | | | |
| 25 | 1 | | | | | |
| 26 | | 1 | | | | |
| 27 | 1 | | | | | |
| 28 | 1 | | | | | |
| 29 | 1 | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| 32 | | | | | | |
| 33 | | | | | | |
| 34 | | | | | | |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | | | | | | |
| 38 | | | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | | | | | | |
| 44 | | | | | | |
| 45 | | | | | | |
| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | 13 | | | | | |
| TOTAL DEP. | 16 | ↓ | ↓ | ↓ | | |
| TOTAL CLAIMS | 29 | 13 | 13 | 13 | | |

TOTAL IND.

TOTAL DEP:

TOTAL CLAIMS

13

16

29

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13

13